

FAQ ON THE APPLICATION OF THE CDR SCALE TO LEVEL 1.5 AND 2 MAF CLAIMS

Question: How are diagnosing physicians to apply the Clinical Dementia Rating (CDR) scale to Level 1.5 and Level 2 Qualifying Diagnoses?

Answer:

Ex. 1 to the Settlement Agreement defines the Qualifying Diagnoses that are compensable as Monetary Awards. For both Level 1.5 Neurocognitive Impairment and Level 2 Neurocognitive Impairment, Ex. 1 requires that the Retired NFL Football Player exhibits functional impairment generally consistent with the criteria set forth in the National Alzheimer's Coordinating Center's Clinical Dementia Rating (CDR) scale in the areas (or "subscales") of Community Affairs, Home & Hobbies and Personal Care. For a Level 1.5 diagnosis, the functional impairment must be generally consistent with the criteria set forth in the CDR scale as Category 1 (Mild impairment) in those three areas. For a Level 2 diagnosis, the functional impairment must be generally consistent with the criteria set forth in the CDR scale as Category 2 (Moderate impairment) in those three areas.

Any diagnosing physician, whether in the BAP or outside the BAP, must follow this requirement. There are two parts to applying the CDR scale.

1. Determining the Extent of Functional Impairment.

The diagnosing physician must score the Retired NFL Football Player in Community Affairs, Home & Hobbies and Personal Care correctly under the CDR scale. That requires the physician to assign a functional impairment score of 0 (None), 0.5 (Questionable), 1 (Mild), 2 (Moderate), or 3 (Severe) to the Retired NFL Football Player in each of the three areas. As a general matter, these CDR dementia ratings correspond with the levels of Neurocognitive Impairment under the Settlement Agreement as follows:

- (a) CDR Score of 0 (None) = No Neurocognitive Impairment.
- (b) CDR Score of 0.5 (Questionable) = Level 1 Neurocognitive Impairment.
- (c) CDR Score of 1 (Mild) = Level 1.5 Neurocognitive Impairment.
- (d) CDR Score of 2 (Moderate) or 3 (Severe) = Level 2 Neurocognitive Impairment.

When assigning a CDR score in each area, the diagnosing physician must use all reliable information available, including information from the Retired NFL Football Player's history and physical and notes from the diagnosing physician's interviews with the player and a reliable informant. The diagnosing

physician must take all of this information into account and use his or her best judgment to ensure the scores assigned are consistent with the description of the player's functional impairments. In cases where the available information is ambiguous and the diagnosing physician thinks the player could be rated in either one of two adjacent scores, such as 1 (Mild) or 2 (Moderate), the CDR scale calls for the physician to select the score corresponding to greater impairment.

After assigning a CDR score to each of Community Affairs, Home & Hobbies and Personal Care, the diagnosing physician must decide whether the Retired NFL Football Player has functional impairment generally consistent with the criteria set forth in the CDR as Mild (Level 1.5) or Moderate (Level 2) impairment across those three areas. While the diagnosing physician must evaluate and score each of the three areas independently, he or she (this must be done by a neuropsychologist if done in the BAP) must determine whether the Retired NFL Football Player's functional impairment level is Mild or Moderate, or some other level, on a qualitative basis, assessing the qualitative results of the three areas as a whole. The diagnosis is not simply an average of the three scores. There is no required minimum score on any of the three areas, but the final diagnosis must be generally consistent with the scores assigned to the Retired NFL Football Player in each of the three areas.

Thus, a Retired NFL Football Player who is scored 0 (None) on all three areas cannot be found to have a Level 1.5 or Level 2 Qualifying Diagnosis, for that diagnosis would not be generally consistent with the scores assigned to that Player. But if the Retired NFL Football Player is given a mix of scores on the three areas, the diagnosing physician must make a sound medical judgment, assessing the qualitative results of the three areas as a whole, to reach a diagnosis, and the final diagnosis rendered must be generally consistent with the scores assigned.

2. The Functional Impairment Must Result from Cognitive Loss.

The CDR scale also requires the diagnosing physician to determine whether the functional decline in a Retired NFL Football Player from a previous usual level was due to cognitive loss, and not due to other factors. For example, if the Retired NFL Football Player's functional impairment resulted from a physical handicap or injury, chronic pain, sleep apnea, or other causes other than cognitive loss, the Retired NFL Football Player cannot be found to have a Level 1.5 or Level 2 Qualifying Diagnosis.

In situations where the diagnosing physician determines that a Retired NFL Football Player suffers from functional impairment that is due to both cognitive loss and emotional/psychiatric factors such as depression, anxiety, or sleep disorders (other than sleep apnea), the diagnosing physician should, to the extent feasible, then attempt to isolate the functional impairment due to cognitive loss alone and assign a CDR rating based solely on that cognitive loss.